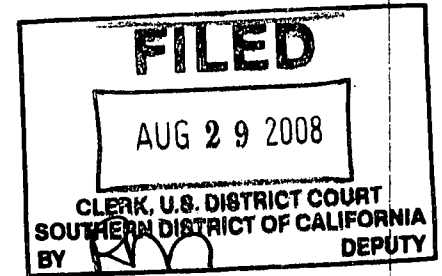


CHARLES LEE SMEDLEY III

PLAINTIFF/PETITIONER/MOVANT'S NAME

19545
PRISON NUMBERRICHARD J. DONOVAN CORRECTIONAL FACILITY
PLACE OF CONFINEMENTP.O. BOX 799004 (4.18.1344)
ADDRESS

2354	1983	✓
FILING FEE PAID		
Yes	No	✓
IF MOTION FILED		
Yes	No	✓
COPIES SENT TO		
Court	Pro Se	✓

**United States District Court
Southern District Of California**

'08 CV 1602 BTM BLM

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

CHARLES LEE SMEDLEY III
Plaintiff/Petitioner/Movant

v.

c/o C. REID & MTA. WILLIAMS
Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, CHARLES LEE SMEDLEY III
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration RICHARD J. DONOVAN CORRECTIONAL FACILITY

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. PLAINTIFF HAS BEEN

SELF EMPLOYED AS A TATTOO ARTIST SINCE 2002
WHEN HIS COMMERCIAL DRIVER'S LICENSE WAS
SUSPENDED

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. N/A

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: N/A Year: N/A Model: N/A

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. N/A

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE AT PRESENT TIME

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): NONE

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. PLAINTIFF IS A WARD OF THE STATE OF CALIFORNIA AND AS SUCH CDCR PROVIDES BASIC DAY-TO-DAY NEEDS.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

SIGNATURE OF APPLICANT

If you are a **prisoner**, you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant CHARLES LEE SMEDLEY
 (NAME OF INMATE)

V19545
 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

(RSDCF) Richard J. DONOVAN Correctional Facility
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ Ø

and the *average monthly deposits* to the applicant's account was \$.30

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, CHARLES LEE SMEDLEY III / V19545, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$250 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

 DATE


 SIGNATURE OF PRISONER

CERTIFIED STATEMENT OF TRUST ACCOUNT

I, CHARLES SMEDLEY, V19545, 4-18-3204 ✓ RC
 Name: CDC #: Housing Unit:

am seeking to bring a civil action or appeal a judgment in the
U.S. DISTRICT COURT without prepayment of fees

Title of the Court: (i.e. U. S. District Court)

(In Forma Pauperis) pursuant to 28 U. S. C. 1915 (a) (2).

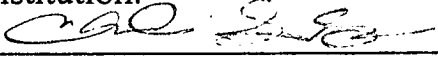
Enter the caption for the legal action:

CHARLES SMEDLEY v. GO TRIED
 Plaintiff: Defendant:

Address of the Court:

880 C STREET
SAN DIEGO, CA
92050

In order to proceed, a certified copy of my Trust Fund Account must be submitted to the court of jurisdiction. I understand that CDC regulations and the court require that the certified copy be submitted directly to the Court from the Institution.


 Inmate Signature:

Library Section

This form must be submitted to the Central Librarian who will log the request in and forward the form to the Accounting Office at the Institution for processing.

The Inmate request for Certified Statement of Trust Account was received in the Central Library on, 8-15-08, by E. SIMON (Cul Line)
 Date: Name of Librarian who logged request:

Accounting Section

A Certified Statement of the inmates Trust Account for a six month period from 02-01-2008 through 8-19-2008, for the above identified inmate was processed through the R. J. Donovan Accounting Office on, 8-19-2008, by C. Rodriguez, and forwarded to the
 Date: Name of Accounting Staff processing statement:
 Litigation Coordinators Office.

Counselor Section

I, NC GUARACHA NOV declare that on, 8-26-2008, I
 Name of Counselor processing: Date:
 forwarded the Certified Statement of the Trust Account to the mailroom for processing through the United States Postal Service addressed as indicated on the envelope filled out by the above inmate.

REPORT ID: T63030 .701

REPORT DATE: 08/19/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 R.J.DONOVAN CORR. FACILITY
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU AUG. 19, 2008

ACCOUNT NUMBER : V19545 BED/CELL NUMBER: P4180000000320U
 ACCOUNT NAME : SMEDLEY, CHARLES LEE ACCOUNT TYPE: I
 PRIVILEGE GROUP: U

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/01/2008		BEGINNING BALANCE					0.00
03/12/08	DD30	CASH DEPOSIT	4796/R&R		63.00		63.00
03/18	FC04	DRAW-FAC 4	4910/F43RD			63.00	0.00
03/21/08	DD30	CASH DEPOSIT	5032/QBDP		1.90		1.90
04/10/08	DD30	CASH DEPOSIT	5416/POBOX		45.00		46.90
04/15	FC04	DRAW-FAC 4	5484/F42ND			46.00	0.90
04/18	W502	POSTAGE CHARG	5590/MAR08			0.58	0.32
05/13/08	DD30	CASH DEPOSIT	6083/POBOX		45.01		45.33
05/13	FC04	DRAW-FAC 4	6078/F42ND			45.00	0.33
08/14	W536	COPAY CHARGE	0916/COPAY			0.33	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 01/08/02 CASE NUMBER: SCD150868
 COUNTY CODE: SD FINE AMOUNT: \$ 200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
02/01/2008		BEGINNING BALANCE		168.15
03/12/08	DR30	REST DED-CASH DEPOSIT	70.00-	98.15
03/21/08	DR30	REST DED-CASH DEPOSIT	2.09-	96.06
04/10/08	DR30	REST DED-CASH DEPOSIT	50.00-	46.06
05/13/08	DR30	REST DED-CASH DEPOSIT	46.06-	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 01/08/04 CASE NUMBER: SCD171107
 COUNTY CODE: SD FINE AMOUNT: \$ 200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
02/01/2008		BEGINNING BALANCE		200.00

REPORT ID: T63030 .701

REPORT DATE: 08/19/08

PAGE NO: 2

R.J.DONOVAN CORR. FACILITY
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2008 THRU AUG. 19, 2008

ACCT: V19545

ACCT NAME: SMEDLEY, CHARLES LEE

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 01/08/04

CASE NUMBER: 8CD171107

COUNTY CODE: 60

FINE AMOUNT: \$ 200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
05/13/08	DR30	REST DED-CASH DEPOSIT	3.94	196.06

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *

* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	154.91	154.91	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST: 8-19-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY C. Rodriguez
TRUST OFFICER

CURRENT
AVAILABLE
BALANCE

0.00

VERIFICATIONSTATE OF CALIFORNIA
COUNTY OF SAN DIEGO

(C.C.P. SEC. 446 & 2015.5; 28 U.S.C. SEC. 1746)

I, CHARLES SMEDLEY ¹⁹⁵⁴⁵ DECLARE UNDER THE PENALTY OF PERJURY
 THAT: I AM THE Declarant/Prisoner IN THE ABOVE ENTITLED ACTION;
 I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THEREOF AND THE SAME IS
 TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION, AND
 BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

EXECUTED THIS 5TH DAY OF AUGUST, AT R.J.D.
 STATE PRISON, 480 Alta Road, San Diego, CA 92179

(SIGNATURE)

(DECLARANT/PRISONER)PROOF OF SERVICE BY MAIL

(C.C.P. SEC. 1013 (a) & 2015.5; 28 U.S.C. SEC. 1746)

I, _____, AM A RESIDENT OF R.J.D. STATE PRISON, IN THE COUNTY
 OF S.D. STATE OF CALIFORNIA; I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND AM AM
 NOT A PARTY OF THE ABOVE-ENTITLED ACTION. MY STATE PRISON ADDRESS IS: _____

ON _____, I SERVED THE FOREGOING:

(SET FORTH EXACT TITLE OF DOCUMENT(S) SERVED)

ON THE PARTY(S) HEREIN BY PLACING A TRUE COPY(S) THEREOF, ENCLOSED IN A SEALED ENVELOPE
 (S), WITH POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO
 PROVIDED AT Richad J. Donovan Correctional Facility

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS
 REGULAR COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO
 ADDRESSED. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: _____

(DECLARANT/PRISONER)